

## **Outward Payment Instruction** (Faster Payment & CHAPs)

1. CUSTOM	
Customer/ Business Name	TBGBM PENSION FUND
Account Number	16191019
2. PAYMEN	T DETAILS
Payment Type (All	payments over the faster payments limit will be sent as a CHAPs)
✓ Faster Payme	ent (Personal, no fee. Business, tariff dependent) CHAPs (Personal £25.00. Business tariff dependent)
Date to be actioned	
Amount (GBP)	78,000
Words SE	eventy Eight Thousand Pounds only
Beneficiary Name Metro Bank Beneficiary Ref.	BEN
Name Metro Bank Beneficiary Ref.	BEN BEN BEN BEICIARY
Metro Bank Beneficiary Ref.  4. NEW BEN Beneficiary	
Metro Bank Beneficiary Ref.  4. NEW BEN  Beneficiary Name	
Metro Bank Beneficiary Ref.  4. NEW BEN  Beneficiary Name  Beneficiary	Infinox Capital Limited Client Trust Account  20 - 00 - 00 Beneficiary Account Number 23349802
Metro Bank Beneficiary Ref.  4. NEW BEN Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable)	Infinox Capital Limited Client Trust Account  2 0 - 0 0 - 0 0 Beneficiary Account Number 2 3 3 4 9 8 0 2  TBGBM Pension Fund
Metro Bank Beneficiary Ref.  4. NEW BEN Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable)	Infinox Capital Limited Client Trust Account  2 0 - 0 0 - 0 0 Beneficiary Account Number 2 3 3 4 9 8 0 2  TBGBM Pension Fund  Y CALL BACK
Metro Bank Beneficiary Ref.  4. NEW BEN  Beneficiary Name  Beneficiary Sort Code  Payment Reference (if applicable)  5. SECURITY  We may need to call	Infinox Capital Limited Client Trust Account  2 0 - 0 0 - 0 0 Beneficiary Account Number 2 3 3 4 9 8 0 2  TBGBM Pension Fund  Y CALL BACK
Metro Bank Beneficiary Ref.  4. NEW BEN Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable)  5. SECURITY We may need to cal	Infinox Capital Limited Client Trust Account  2 0 - 0 0 - 0 0 Beneficiary Account Number 2 3 3 4 9 8 0 2  TBGBM Pension Fund



Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm

Local Call Centre: 0345 08 08 500 • metrobankonline.co.uk • W MetroBank\_Help



## Outward Payment Instruction (Faster Payment & CHAPs) (continued)

6. CUSTOMER SIGNATURE	
Primary Applicant	Secondary Applicant
Man	Encros
Name	Name
Amanda Cran	MILY MAUSTER
Date 13/12/2017	Date 1311217
FOR INTERNAL USE ONLY	If applicable:
ID&V confirmed (refer to ID&V Matrix)  Request fully input to T24  Inputter Signature	HVT completed and attached Payment authorised or refered to CPU Manager Signature
Name	Name
Date	Date

